

S&H001 – Subcontractor Safety, Health and Radiological Requirements
Attachment 2 - Subcontractor Safety & Health Worksheet

An asterisk (*) denotes that an attachment is required. If an item is not applicable, please annotate with "N/A" and provide an explanation in the section below, or submit as an attachment on a separate sheet of paper.

Failure to provide information, attachments, or explanations can delay or prevent contract award.

COMPANY NAME					
MAIN STANDARD INDUSTRIAL CLASSIFICATION (SIC) NUMBER					
AVERAGE NUMBER OF EMPLOYEES (Last 3 complete years)					
Number _____	Number _____	Number _____	3 Year Average _____		
Year _____	Year _____	Year _____			
WORKERS COMPENSATION EXPERIENCE MODIFICATION RATE					
Attach letter from Insurance Carrier denoting EMRs* for last 3 complete years, or stating reason why an EMR has not yet been established.					
EMR _____	EMR _____	EMR _____	3 Year Average _____		
Year _____	Year _____	Year _____			
BUREAU OF LABOR STATISTICS LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES					
Attach copies of OSHA 200 Logs for last 3 complete years.* State reason if OSHA 200 Logs are not required.					
Calculate incidence rates as follows: (# of OSHA Recordable Cases or Day Away from Work Cases x 200,000) / Hours Worked.					
Year	Total Hours Worked	# of Recordable Cases (Sum of OSHA 200 Column A)	Incidence Rate	# of Day Away from Work Cases (Sum of OSHA 200 Columns 3 & 10)	Incidence Rate
Total					
OSHA CITATIONS					
Has your company received any citations from the Occupational Safety and Health Administration (OSHA) in the past three years*?			<input type="checkbox"/> Yes If yes, attach a copy of each citation received, and indicate the type of citation, fines levied, and negotiated settlements or fines paid.		<input type="checkbox"/> No
WRITTEN SAFETY AND HEALTH PROGRAM					
Does your company have a comprehensive written safety and health program? Does it include specific programs for Respiratory Protection, Confined Space Entry, Medical Surveillance, etc?			<input type="checkbox"/> Yes If yes, attach a copy of the program manual's table of contents.		<input type="checkbox"/> No
CERTIFICATION					
I certify to the best of my knowledge that the above information is true and correct.					
Printed name _____			Title _____		
Signature _____					Date _____